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			Application or Docket Number										
	PATENT A	APPLICATIO Effect	N FEE DE	RD		l	9/2	84	469	9			
			MALL YPE	EN	TITY	OR	OTHER						
TC	TAL CLAIMS		(Column 1) (Column 2)					RATE	<u> </u>	FEE	04 	RATE	FEE
FO	R	-	NUMBER FILED NUMBER EXTRA					BASIC F	-	370.00	OR	BASIC FEE	
то	TAL CHARGEA	BLE CLAIMS	2 (0 minus 20= * (0				ŀ	X\$ 9=			OR	X\$18=	10800
IND	EPENDENT CL	AIMS	4B minus 3 = *					X42=				X84=	2410
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	···· [ŀ		\dashv		OR		01
* If	the difference	in column 1 is	less than ze	ro enter '	"O" in c	olumn 2	L	+140:	_		OR	+280=	()20 M
•,		LAIMS AS A		·		olullii E		TOTA	L		OR	TOTAL	9321
B) 	(Column 1)	MENDED	Colum		(Column 3)		SMAL	LE	NTITY	OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	\$ \$2	Minus	** 2	6	=	I	X\$ 9=	=		OR	X\$18=	
AMENDMENT	Independent	. 4	Minus	***	₹	=	t	X42=			OR	X84=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		l	+140=	_		OR	+280=	
							L	TOT	AL	-	ارا	TOTAL	(A)
C		(Column 1)		(Colum	nn 2)	(Column 3)	Α	DDIT. FE	EE L			ADDIT. FEE	,
MENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.30	Minus	** 2	6	= 4		X\$ 9=	-		OR	X\$18=	4200
AMENDA	Independent	· 4	Minus	***	4	=		X42=	1		OR	X84=	1
L_	FIRST PRESE	NTATION OF MI	JUTIPLE DEF	PENDENT	CLAIM			+140=			OR	+280=	
							A	TOTA DDIT. FE			OR	TOTAL ADDIT. FEE	1240
y	ক্ষ্মেয় বিভাগ হৈছে। ক্ষ্মেয় বিভাগ হৈছে	(Column 1) CLAIMS	TERROTOR OF	(Colum		(Column 3)	·						
MENT &		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE		ADDI- FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	*	Minus	**	. <u> </u>	=		X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***	OL A"	=		X42=			OR	X84=	
<u> </u>	TINO I PHESE	NTATION OF M	ULTIPLE DEF	ENUENI	CLAIM			+140=	1		OR	+280=	
**	If the "Highest Nur If the "Highest Nur	mber Previously Pa mber Previously P	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

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Applica	tion o	r Docke	t Number
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	Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ITITY	OR	OTHER SMALL		
TO	TAL CLAIMS							RATE	FEE		RATE	FE	Ε
FO	₹		NUMBER F	ILED	NUMBER EXTRA			ASIC FEE	370.00	OR	BASIC FEE	740.	00
TO	TAL CHARGEAE	BLE CLAIMS	minus 20= *				Γ	X\$ 9=		OR	X\$18=	•	
IND	EPENDENT CL	AIMS	minus 3 = *				十	X42=		OR	X84=		
MUI	LTIPLE DEPEN	DENT CLAIM P	RESENT					140		l I	. 220		
* 15	the difference i	in column 1 is	less than ze	ro ente	r "O" in c	olumn 2	L	+140=		OR	+280=		
11	VOF	•				Oldrin 2		TOTAL		OR	TOTAL	TUAR	\Box
D	Cl	_AIMS AS A (Column 1)	WENDED	- PAR (Colu		(Column 3)	5	SMALL E	ENTITY	OR	OTHER SMALL		1
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	NAL
DMC	Total	* 30	Minus	*3	Ø	=		X\$ 9=		OR	X\$18=		
AMENDMEN	Independent	. 4	Minus	*** 1	<u> </u>	=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM			+140=		OR	+280=		
							L	TOTAL			TOTAL ADDIT. FEE	3	
E,		(Column 1)		(Colu	mn 2)	(Column 3)	AL	DIT. FEE	<u> </u>		ADDII. PEEI		
ENDMENTIB		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	NAL
MON	Total	* 30 ·	Minus ⁻	**	<u> </u>	=		X\$ 9=		OR	X\$18=		
AME	Independent	. 4	Minus	***	+	<u> -</u>		X42=		OR	X84=		
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	T CLAIM		」 [+140=		OR	+280=		
			٠				ΑĽ	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	4)
		(Column 1)			mn 2)	(Column 3)	.			_		/	
ENT &		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY DFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
AMENDMENT	Total	.00	Minus	** 2	<u> </u>	=		X\$ 9=		OR	X\$18=	•)
ME	Independent	. 4	Minus	***	4	<u> -</u>	1	X42=		OR	XXII		
L	FIRST PRESE	NTATION OF N	IULTIPLE DEI	PENDEN	IT CLAIM		1 -	+140=		OR	2900	17	
. *	If the entry in colu	mn 1 is less than	the entry in colu	mn 2, wri	te "0" in c	olumn 3.	L	TOTAL	 	OR	TOTAL	1	5
**	If the "Highest Nu "If the "Highest Nu The "Highest Nun	mber Previously	Paid For" IN TH	IS SPACE	is less th	an 3, enter "3."		ODIT. FEE d in the ap	propriate bo	3	ADDIT. FEE Numn 1.	ٽئا:	

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PATENT APPLICATION FEE DETERMINATION RECO									i	Application or Docket Number				
	PATENT		ON FEE I)RD	Ì	09/	28	8469	99					
			S FILED Column 1)	_	SMAL	LENTITY	OF		R THAN L ENTITY					
F	FOR NUMBER FILED NUMBER EXTRA								RATE	FEE	7	RATE	FEE	
BASIC FEE									380.00	OR		760.00		
F	OTAL CLAIMS		4	minus	20=	•			X\$ 9=	:	OR	X\$18=		
	DEPENDENT C		7/	minu	s 3 =	•			X39=		OR	X78=		
M	ULTIPLE DEPE	NDENT	CLAIMP	RESENT		···			+130=		OR	+260=		
* #	f the difference	in colu	ımın 1 is	less than a	zero, e	enter "O" in (column 2		TOTAL		OR	<u> </u>	 	
	C	LAIM	S AS A	MENDE	D - P	ART II						OTHER	RTHAN	
_	71		mn 1)			olumn 2)	(Column 3)		SMALI	ENTITY	OR		ENTITY	
AMENDMENT A		REM	AINING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 2	0	Minus	•	20	-6		X\$ 9=		OR	X\$18=		
¥	Independent FIRST PRESE	* Z	N OF M	Minus	DENI	3 4	1 -	ſ	X39=		OR	XIS=	840	
	THIOT THESE	2417110	TOP INC	ALTIPLE DE	PERU	ENI CLAIM	لــــــــــــــــــــــــــــــــــــــ		+130=		OR	+260=		
		•						L	TOTAL		OR	TOTAL ADDIT, FEE		
	و و و و و و و و و و و و و و و و و و و		mn 1)		(C	olumn 2)	(Column 3)							
MENDMENT B		REM/	VIMS VIXING TER DMENT		PR	KIGHEST NUMBER EVIOUSLY NAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	2	0	Minus	**	00,	• '	Ì	X\$ 9=		OR	X\$18=		
A	Independent FIRST PRESE	NTATIO	N OF MU	Minus LTIPLE DE	PEND	ENT CLAIM	=		X39=		OR	34	·	
									+130=		OR	A		
								AL	TOTAL XXIT. FEE		OR ,	TOTAL NDOIT, FEE		
		(Colu					(Column 3)						7	
2 12 2		CLA REMA AFT AMENIC	INING ER	•	PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENOMER	Total	· 3		Minus		26	- 4		X\$ 9=		OR	X\$18=	1200	
	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r	X39=		OR	XXX	100		
			- OF MU	CHELE VE	CNU	ENT CLAIM			+130=		1	200-	-/-	
• #	the entry in colum the "Highest Num	n 1 is les	s than the	entry in colu	mn 2, v	write "O" in colu	.mn 3.	L	TOTAL		OR [TOTAL	1021	
	The Tighest Num The Tighest Number	nber Prev	iousiv Pai	d For' IN THE	S SPAI	F is less than	2 anta- 20 * .		OIT. FEE		OR A	DOIT, FEE	12484	
•			,	(100m UI	- web	ment is the	PER NUMBER	JOURK	ı ın une ap	propriate box	in colu	mn 1.	′	